



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF TAXATION - CHILD SUPPORT ENFORCEMENT
77 Dorrance Street
Providence, RI 02903

Dear Applicant,

Enclosed is an application for child support enforcement services that you recently requested from this office.

To help us process your application as quickly as possible, please return the following information to us:

- **the application, filled out to the best of your ability**
- **Form DR6A Statement of Assets, Liabilities, Income and Expenses filled out, signed by you, and your signature must be notarized**
- **a copy of each child's birth certificate**
- **a copy of your divorce decree, if you have one**
- **signed waiver regarding legal representation, and**
- **a \$20.00 personal check or money order application fee payable to:
*Rhode Island Child Support Enforcement***

Once your completed application is received, a review will be performed by a child support agent to determine if any further information is needed to proceed with your case.

Our goal is to assist you in obtaining child support for your children.

RHODE ISLAND CHILD SUPPORT ENFORCEMENT APPLICANT'S RIGHTS & RESPONSIBILITIES

Upon receipt and review of your application along with the appropriate application fee (\$20) CSE will help you to:

- Find the non-custodial parent (NCP)
- Establish paternity for the children (if necessary)
- Establish the child support order including medical support
- Enforce the support order through:
 - Contempt actions in court
 - Federal and state offsets of income tax refunds and other payments
 - Employer income withholding
 - Referral of delinquent payers to credit bureau agencies
 - License suspensions
 - Placement of liens on real and personal property

Problems in which CSE cannot become involved include:

- Property settlement issues
- Visitation and custody disputes
- Enforcement of a spousal support order unless it is a part of a child support order

Your obligations include notifying CSE

- Anytime you receive a support payment directly from the non-custodial parent
- Anytime a support payment you receive is the wrong amount
- Anytime you become aware of a new address or a change in employment of the NCP
- Any change in your address
- Any changes in custody of the children OR your responsibility for caring for them
- Any information, in general, which would be helpful in establishing and/or enforcing your support order and cooperating in all respects with any legal proceedings.

The \$20.00 application fee (personal check or money order only) which must accompany this application is the only charge for these services. At this time, there are no additional costs to you should it become necessary to pursue support action in another state.

Please be advised that all support orders must be made payable through the State's collection and disbursement unit at the Rhode Island Family Court. Collections will be distributed to you within two (2) calendar days of the date they are posted to your account. If you are or should become a recipient of Food Stamps and/or Medical Assistance, the child support payments which you receive will be reported to the appropriate agency and could have an effect on your eligibility or the level of benefits you receive from these programs.

You have the right to request a review of your court order any time you feel there has been a change in circumstances that would justify an adjustment in the amount of the order. Although your request will be carefully evaluated by CSE, it may not result in an actual adjustment hearing before the RI Family Court by our agency. If it does not, you still have the right to petition the court for such a hearing on your own. Federal regulations require that we also accept a request for a review from the non-custodial parent. If our review indicates a court hearing is warranted, we will initiate the hearing process.

Under RI law when a payer has a support obligation for more than one custodial parent and there is insufficient payment to meet the demands of each order through the income withholding process, a proportional amount must be allocated to each custodial parent. This allocation will be based on the proportion your support order bears to the total of all support orders the payer has that are being paid through income withholding. CSE will recoup from you any payments made to you in error. You will be expected to sign a repayment agreement to that effect.

Legal counsel for the child support agency legally represents the State of Rhode Island and does not represent you. There is no attorney-client relationship between either party and legal counsel.

REV. 12/02

**IMPORTANT
NOTICE REGARDING LEGAL REPRESENTATION**

Rhode Island law recently changed as it pertains to the attorneys who are employed by the Division of Taxation-Child Support Enforcement (CSE). Effective December 1, 2002 you should know:

1. The Child Support Enforcement attorney **DOES NOT** represent you or your personal interest and there is no attorney-client relationship between you and the attorney, between you and the child support agency, or any employees thereof. Any information you provide is not privileged and may not be treated as confidential, except as provided by law.
2. The attorney only represents the RI Division of Taxation-CSE. You may be required to appear as a witness in court. Your failure to appear in court when ordered, or served with a witness subpoena, may result in you being defaulted or could result in your arrest.
3. Attorneys working for the Division of Taxation-CSE will not become involved in custody and visitation issues between a child's parents or other family members. You need to obtain your own legal representation if custody or visitation becomes an issue in your child support case or you may represent yourself.
4. Division of Taxation-CSE attorneys will still be in court daily to represent the State's interest in all child support cases, including yours, whether or not you receive public assistance. This includes establishment of paternity and establishment and enforcement of child support and medical support orders. In addition, either the custodial parent or non custodial parent may receive State administered child support services, other than legal representation. However, either party may hire private counsel, if desired.
5. Even if the Division of Taxation-CSE attorney legally represented you in the past, they will no longer be legally representing you after December 1, 2002. You have the option of retaining private legal counsel, or signing the waiver on the back of this notice and continue to receive child support services. No further court proceedings will be initiated by this agency until the waiver is signed. **PLEASE NOTE THAT BY SIGNING THE WAIVER YOU ARE WAIVING LEGAL REPRESENTATION IN ALL YOUR CHILD SUPPORT CASES WITH OUR AGENCY.**
6. If you want to hire a private attorney, you may call the Rhode Island Bar Association Lawyer Referral Program at (401) 222-2847 or hire any attorney you choose.

See Waiver on Back

(If you choose to sign the waiver you must return it to the address shown)

WAIVER REGARDING LEGAL REPRESENTATION

I have read the Division of Taxation-Child Support Enforcement "NOTICE REGARDING LEGAL REPRESENTATION" and understand that the Division of Taxation- Child Support Enforcement attorneys are not my attorneys and do not represent me, even though I may benefit from the work of those attorneys. I understand that the only client of the Division of Taxation-Child Support Enforcement is the State of Rhode Island. Because I do not have an attorney/client relationship, it means that any information I share with the Division of Taxation- Child Support Enforcement or their attorneys is not privileged or confidential, except as otherwise provided by law. It also means that the Division of Taxation-Child Support Enforcement may provide services to the other parent of my child or to another person, agency or department having custody/physical possession of my child and in need of agency's services.

Please Print Your Name: _____

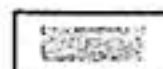
Signature: _____ Date: _____

Your Social Security Number: _____

Return To: Department of Administration
Division of Taxation-Child Support Enforcement
Office of Legal Counsel
77 Dorrance Street
Providence, Rhode island 02903
Tel: (401) 222-2847



Rhode Island Department of Administration
Division of Taxation - Child Support Enforcement
77 Dorrance Street, Providence RI 02903
Hours: Mon - Fri 8:30 am - 4:00 pm
Telephone: 401-222-2847



= NCP Information



= YOUR Information

Application for Child Support Services

Important information about the NON-CUSTODIAL PARENT (NCP)

Social Security Number: _____				
Name: _____				
_____	_____	_____	_____	_____
Last	First	Middle	Sr., Jr., III, etc.,	
Date of Birth: _____		Ethnic Background: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
(White, Black, Hispanic, Asian, etc.)				

Important information about you, the CUSTODIAL PARENT (CP)

Social Security Number: _____				
Name: _____				
_____	_____	_____	_____	_____
Last	First	Middle	Sr., Jr., III, etc.,	
Date of Birth: _____		Ethnic Background: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Protect Address

Protect address due to domestic violence? Yes ☐ No ☐ Whose address? NCP ☐ CP ☐

NON-CUSTODIAL PARENT address information (NCP)

Residence/Home Address: _____			
_____		_____	
Number		Street	

City		State	Zip Code
Mailing address (if different from above): _____			

Who is the NCP living with? _____			
NCP Telephone : home: _____ work: _____ other: _____			

(For Office Use Only)

Application request: ____/____/____

Mailed: ____/____/____

Received: ____/____/____

Are you and the Non-custodial parent currently married? YES ☐ NO ☐

Were you and the Non-Custodial parent ever married? YES ☐ NO ☐

Are you and the Non-Custodial parent divorced? YES ☐ NO ☐

Date of Divorce _____ Divorce Number _____ Location _____

NON-CUSTODIAL PARENT employment & physical description information (NCP)

Is the NCP employed? Check one: Full-time ☐ Part-time ☐ Temporary ☐ Unemployed ☐

Place of Employment: _____

Employer Address: _____

(Number)

(Street)

(City)

(State)

(Zip Code)

Employer Phone Number: _____

Physical Description: Height _____ Weight _____ Complexion _____

Eye Color _____ Hair Color _____ Race _____

Physical Markings/ Scars _____

Wears Eye glasses? YES ☐ NO ☐

U.S. Citizen? YES ☐ NO ☐

Nicknames/Alias: _____

Driver's License: State of _____ License Number: _____

Does NCP own a motor vehicle? YES ☐ NO ☐ If yes, describe below:

Year _____ Make _____ Model _____ Color _____ License Plate # / State _____

MEDICAL COVERAGE Information

Are you and/or the children currently covered by medical insurance? YES ☐ NO ☐

Medical coverage is provided by: Custodial parent ☐ Non-Custodial parent ☐ Other ☐

Medical Insurance Policy Number: _____

Medical Insurance Company _____ Type of coverage _____

CUSTODIAL PARENT information (CP)

Your Address: _____

City

State

Zip Code

Your Address (if different from above): _____

City

State

Zip Code

Your Telephone Number: Home: _____ Work: _____ Cell: _____

Other: _____

U.S. Citizen? YES ☐ NO ☐ What is your relationship to the non-custodial parent? Married ☐
Separated ☐ Divorced ☐ Never Married ☐ Legally Separated ☐ Loco Parentis ☐

Your Place of Employment: _____

Employer Address: _____

Number

Street

City

State

Zip Code

CHILDREN information (List only the children of the NCP named in this application)

Please enclose copy of birth certificate for each child.

Child #1. Name: _____
Last First Middle Jr., Sr., III, etc.Social Security Number: _____ Sex: Female ☐ Male ☐Date of Birth: _____ Birthplace: _____
City StateEthnic Background: _____ US Citizen? YES ☐ NO ☐Does the Non-Custodial Parent's name appear on the birth certificate? YES ☐ NO ☐Has paternity ever been established through the court for this child? YES ☐ NO ☐

If yes, court location: _____ Date: _____

Is there a court order for support for this child? YES ☐ NO ☐

If yes, amount of support ordered \$ _____ Frequency: _____

Date of order: _____ Court Docket No. _____ Court Location: _____



STATE OF RHODE ISLAND
AND
PROVIDENCE PLANTATIONS

FAMILY COURT
STATEMENT OF ASSETS
LIABILITIES-INCOME-EXPENSES

		EARNINGS	
		GROSS	NET
NAME (PRINT) _____	Plaintiff _____	Weekly _____	_____
	Defendant _____	Bi-Weekly _____	_____
		Monthly _____	_____

CIVIL ACTION - FILE NO. _____

To be filed with complaints on divorce, bed & board, miscellaneous complaints and when an answer or modification is filed.

GROSS INCOME		INCOME DEDUCTIONS	
1. Salary, Wages, Commissions, Bonus, Overtime. (Attach List of Amounts)		12. Federal Income Tax	
2. Pensions or Retirement		13. State Income Tax	
3. Social Security		14. Social Security	
4. Disability/Unemployment		15. State Disability (TDI)	
5. Public Assistance		16. Medical Insurance	
6. Child/Spousal Support		17. Life Insurance	
7. Dividends & Interest		18. Union & Other Dues	
8. Rents (Receipts less Cash Expenses, Attach Schedule)		19. Retirement & Pension	
9. Contributions to Household		20. Savings Plan	
10. Income from Other Sources (Receipts less Total Cash Expenses, Attach Schedule)		21. Other Deductions:	
11. TOTAL GROSS INCOME			
		22. TOTAL DEDUCTIONS	
		23. NET INCOME (11-22)	

24. Withholding Information: No. of Exemptions Claimed _____
Marital Status _____

25. Medical Insurance: _____ Plan _____
Dental Insurance: _____ Plan _____
Life Insurance: _____ Plan _____
Life/Owner: _____ Beneficiary: _____
Life/Face Amount: _____ Life/Cash Surrender Value: _____

26.	PROPERTY UNDER APPLICANT'S CONTROL	NAME OF INSTITUTION	ACCOUNT NO.	HIGHEST BALANCE LAST 6 MONTHS	PRESENT VALUE
A.	Cash				
B.	Checking Accounts				
C.	Savings Accounts				
D.	Credit Unions				
E.	Other Accounts				

27. OTHER PROPERTY

A.	Stocks/Bonds	
B.	Tangible Property	
C.	Real Property	

D. TOTAL PROPERTY _____

☐ Yes ☐ No (I) (We) received financing from Rhode Island Housing and Mortgage Finance Corporation (RIHMFC) to buy the above listed real property.

(Attach Schedules for 26A - E & 27A - D) (OVER)

SHOW TOTALS, ATTACH SUPPORTING DETAIL, AND KEEP CURRENT UP TO THE COURT DATE.

STATEMENT OF ASSETS - LIABILITIES - INCOME - EXPENSES II

(FOR EACH ITEM LISTED, FILL IN ONLY THE WEEKLY, MONTHLY, OR YEARLY COLUMN.)

NEEDS & EXPENSES		WEEKLY	MONTHLY	YEARLY	AMT. LAST PAID
28.	Rent				
29.	Grocery, Canned Goods, Meat				
30.	Dairy Products, Bread, Rolls				
31.	Heat (Coal, Gas, Oil)				
32.	Electricity				
33.	Propane/Bottled Gas				
34.	Telephone				
35.	Clothing				
36.	Medical, Medicines				
37.	Dental				
38.	Personal, Cosmetics, Haircut				
39.	Laundry, Dry Cleaning				
40.	Car Insurance, Registration				
41.	Gas, Oil, Maintenance - Auto				
42.	Spending Money				
43.	Traveling Expenses				
44.	Life Insurance				
45.	Cigarettes				
46.	Union Dues				
47.	Blue Cross				
48.	Legal Fees				
49.	_____				
OTHER EXPENSES					
50.	Mortgage				
51.	House Taxes				
52.	Home Insurance				
53.	Upkeep for House				
54.	Water Bill				
55.	_____				
LOANS & OBLIGATIONS					
56.	Auto Loan Balance _____				
	Auto Year _____				
	Auto Make _____				
57.	_____				
58.	_____				
59.	_____				
TOTAL					
60.	Divide Monthly by 4.3				
61.	Divide Yearly by 52				
62.	GRAND TOTAL				

SIGNATURE PLAINTIFF/DEFENDANT

SUBSCRIBED AND SWORN TO ME ON THIS

DAY OF _____, 20____

NOTARY PUBLIC